

IHCA Conference July 23, 2008

MR/DD Tract
Regulation and Compliance Review



Learning Objectives

An increased understanding of the aging process and ICF/MR services.

Participants will be able to demonstrate an increased understanding of the aging process as it impacts the individuals residing in ICFs/MR.



Aging

Today the average life expectancy of older adults with mental retardation (MR) is 66.1 years and growing. As these individuals age, they present increasing challenges and they present with many chronic conditions.

Geriatrics April 2005; 60 (April): 26-29:

Aging is a part of everyone's life, regardless of where they reside. The challenges for those with developmental disabilities may manifest in many diverse ways.



Aging

Retirement

Retirement status is a component of the ICF/MR aging scenario.

Retirement status is a choice made by each individual in coordination with their interdisciplinary teams and guardians.

Active treatment can be modified to accommodate and support this change.

The key here is retirement is a choice made by each individual in coordination with their interdisciplinary teams and guardians.



Aging

Active Treatment And Retirement

- What is active treatment?
- How do you look at it in relation to retirement?

What is active treatment and how do you look at it in relation to retirement?

The process of planning for retirement and actual retirement is a common practice of most people in our society who have spent the majority of their life working.

Aging

Active treatment starts with assessments.

As noted in W211, one should “take into consideration the client’s age.”

The team needs to consider the implication for active treatment at each stage in the person’s life.

The assessments should address active treatment relevant to a person’s chronological age.

As noted in W211, one should “take into consideration the client’s age.”

W211 further notes that the active treatment assessment process should be sensitive to where the individual is at in his or her life span.

Aging

W211 also provides the example:

“...elderly citizens, are expected to choose whichever form of productive activity meets their needs and interests for as long as they are able.”

W211 also provides the example: “...elderly citizens, are expected to choose whichever form of productive activity meets their needs and interests for as long as they are able.”



Aging

This does not mean all individuals reach a certain age and retire.

Retirement, as with all components of active treatment, should be individualized.

Additionally, their choices should be honored and one must keep in mind, as W196 points out, the team should focus on assisting individuals to function with as much self determination and independence as possible.

Aging

W196 states the active treatment plan must include “aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services.”

W196 states the active treatment plan must include “aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services.”



Aging

It may also be a program that is directed toward “the prevention or deceleration of regression or loss of current optimal functional status.”

It may also be a program that is directed toward “the prevention or deceleration of regression or loss of current optimal functional status.”

A horizontal rectangular area with a marbled, stone-like texture in shades of grey, white, and light brown.

Aging

So what is “Active?”

So what is “active?”

Aging

“Active” is often misinterpreted to mean “busy” or “moving.”

Active does not refer to this busy work.

Once an individual is assessed to determine if he or she wants to and should go into a retirement phase in life, then the key word one might want to consider in the active treatment retirement plan for people in ICF/MR facilities is “active.”

Active is constantly assessing or re-assessing a person's individual needs based on various life transitions, medical or behavioral conditions or simply changes in what the individual likes.

Aging

Active does mean that a part of active treatment is that the team is “active.”

A part of active treatment is that the team is active.



Aging

W249 even points out that the activities should relate to the persons strengths, needs or objectives

Activities should not be “make work” or what some call “busy work” or “non-developmental time fillers.”

W249 even points out that the activities should relate to the persons strengths, needs or objectives

Activities should not be “make work” or what some call “busy work” or “non-developmental time fillers.”

Aging

It is the team's aggressive and consistent process which makes it "active" treatment.

W196 also adds to the clarification of the word "active" by pointing out that each client must receive a continuous active treatment program which includes "aggressive consistent implementation of a program of specialized and generic training, treatment, health services and related services...."

It is the team's aggressive and consistent process which makes it "active" treatment.

Aging

The word “continuous” at W196 means the “competent interaction of staff with individuals served at all times...” not that the individual has to be continuously doing something.

The word “continuous” here means the “competent interaction of staff with individuals served at all times...” not that the individual has to be continuously doing something.

Aging

W196 also points out major elements which include:

- Assessment (mentioned earlier);
- Identification of priority needs;
- A plan of action to meet the needs;

W196 also points out major elements which should “be present and functioning in a consistent, cohesive manner.”

These elements include:

- Assessment (mentioned earlier);
- Identification of priority needs;
- Establishment of a plan of action to meet the needs (formally and through activities which are relevant and responsive to individual need, interest and choice);



Aging

- Consistent implementation;
- Aggressive and consistent training, treatment and services by trained staff in accordance with the individual plan;
- New skills and appropriate behaviors are encouraged and reinforced;

- Consistent implementation in all relevant settings both formally and informally as the opportunity or need presents itself;

- Aggressive and consistent training, treatment and services by trained staff in accordance with the individual plan;

- New skills and appropriate behaviors are encouraged and reinforced;



Aging

- Provision of adaptive equipment and assistive technology;
- Accurate measurement of performance;
- Modifications of programs based on data and major life changes;

- Provision of adaptive equipment and assistive technology necessary for him/her to function with increased independence and choice;
- Accurate measurement of performance;
- Modifications of programs based on data and major life changes;



Aging

- Individuals with degenerative conditions receive training;
- Treatment and services designed to maintain skills and functioning and to prevent further regression to the extent possible.

- Individuals with degenerative conditions receive training;
- Treatment and services designed to maintain skills and functioning and to prevent further regression to the extent possible.


Aging

Active treatment for elderly individuals may increasingly need to focus on “interventions and activities that promote physical wellness and fitness, socialization and tasks that stress maintaining coordination skills and reducing the rate of loss of skills...attending a senior center may be a justifiable part of active treatment program for an elderly person.”

Active treatment for elderly individuals may increasingly need to focus on “interventions and activities that promote physical wellness and fitness, socialization and tasks that stress maintaining coordination skills and reducing the rate of loss of skills...”

Attending a senior center may be a justifiable part of active treatment program for an elderly person.”

It is also important to point out that W196 speaks to the fact that sometimes the effort to prevent or decelerate regression is a part of the overall active treatment program.



Aging

So where do we start?

So where do we start?

Aging

The team may wish to start by asking questions:

- What does the person need?
- Do the person's needs now focus on medical issues?

The place a team may wish to start might be to ask the following questions:

- What does the person need?
- Does the person's needs now focus on medical issues?



Aging

- Does the person's social circle need to expand?
- Do the person's coping skills need to improve?

- Does the person's social circle need to expand?
- Do the person's coping skills need to improve?



Aging

- Has the team discussed meaningful activities?
- Has the definition of meaningful activities changed with the individual as he or she aged?

- Has the team discussed meaningful activities?
- Has the definition of meaningful activities changed with the individual as he or she aged?



Aging

- Has the person demonstrated choices?
- Does the person still require training or supports to make those choices?

- Has the person demonstrated choices? What are his/her wants?

- Does the person still require training or supports to make those choices?



Aging

So what do we do after we
ask questions?

So what do we do after we ask questions?

A horizontal rectangular area with a marbled background in shades of grey, blue, and white. The word "Aging" is centered within this area.

Aging

Develop a plan!

Develop a plan!

Aging

The plan should include the same things we would think of when we consider our own retirement:

- access to health care (hospice will come into ICF/MR facilities);
- advance directives relating to health care;

The plan should include the same things we would think of when we consider our own retirement:

- access to health care (hospice will come into ICF/MR facilities);
- advance directives relating to health care;



Aging

- leisure time activities;
- counseling services;
- long term care plan;
- finances;

- leisure time activities;

- counseling services;

- long term care plan;

- finances;



Aging

- other retirement and employment options;
- guardianship; and
- self-advocacy training

- other retirement and employment options;
- guardianship; and
- self-advocacy training

Aging

The plan may include ways to assist the individual:

- to participate in activities, events and organizations in which other retirees in society participate;
- to build and strengthen relationships between the individuals and the community, the church, their families;

The team should look for ways which they can assist individuals in planning retirement.

The plan may include ways to assist the individual:

- to participate in activities, events and organizations in which other retirees in society participate;
- to build and strengthen relationships between the individuals and the community, the church, their families;



Aging

- to find places where their individual culture, gifts and talents can be shared with other community members;
- to find opportunities to do things they enjoy or learn new things (i.e., paint class, pottery, gardening club, dinner clubs, volunteer work, hospital);
- to support participation in clubs and organization (i.e., Red Hat Club)

- to find places where their individual culture, gifts and talents can be shared with other community members;

- to find opportunities to do things they enjoy or learn new things (i.e., paint class, pottery, gardening club, dinner clubs, volunteer work, hospital);

- to support participation in clubs and organization (i.e., Red Hat Club)

Aging

If the team carefully considers the things relevant to the unique individual, they can formulate an active retirement plan which works toward W249's call for "further development and refinement of 'appropriate' skills, including but not limited to leisure and recreation."

Looking at regulatory components of active treatment (W249), you will find an emphasis not just on training but also on services to support the person in their needs and in the accomplishment of their individual goals.

If the team carefully considers the things relevant to the unique individual, they can formulate an active retirement plan which works toward W249's call for "further development and refinement of 'appropriate' skills, including but not limited to leisure and recreation."

Keep in mind, it must be clear that the program is, as defined in W249, "internally consistent and not simply a series of disconnected formal intervention applications."



Aging

Additionally, we should be able to track the specific needs or strengths justifying the activity, training or interactions and relate them directly to the strengths, needs and objectives in the individual program plan (active treatment retirement plan).

Additionally, we should be able to track the specific needs or strengths justifying the activity, training or interactions and relate them directly to the strengths, needs and objectives in the individual program plan (active treatment retirement plan).



Aging

Remember:

Assess, plan, re-assess, plan, re-assess, plan...

The cycle of life is full of transitions.

Remember: Assess, plan, re-assess, plan, re-assess, plan...The cycle of life is full of transitions.